

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12795

State File No.

No. 300
10.48

FILED APR 3 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 800

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u>	
c. LENGTH OF STAY (in this place) <u>52 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>7301 St. Charles Rock Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Molly</u> b. (Middle) <u>Degnan</u> c. (Last) <u>Degnan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 25, 1881</u>
9. AGE (In years last birthday) <u>71</u> Months <u>8</u> Days _____		10. IF UNDER 1 YEAR Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Macon City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>James Degnan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Howard</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records of St. Vincent's Hospital</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Cyst, left lung</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia</u>		INTERVAL BETWEEN ONSET AND DEATH Years _____ Years _____ Years _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Dec 5, 1949 to 3/11, 1953, that I last saw the deceased alive on 3/11, 1953, and that death occurred at 2:38 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph A. Costello, M.D.</u>		23b. ADDRESS <u>2407 N. Bway, St. Louis 6, Mo.</u>		23c. DATE SIGNED <u>3/11/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 14, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>					

DATE REC'D BY LOCAL REG. <u>3-13-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCullen Kelly</u> ADDRESS <u>7267 Natural Bridge</u>	
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James G. Lammer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.